



CANDIDATE #:

VERMSES EMT PSYCHOMOTOR EXAM CANDIDATEVIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES
BASIC LIFE SUPPORT - PSYCHOMOTOR EXAMINATION TRACKING FORM

EXAM DATE: _____

EXAM SITE: _____

EMT Candidate Name: _____

INITIAL TEST								
TRAUMA ASSESSMENT		MEDICAL ASSESSMENT		RANDOM BASIC SKILLS				
STATION #	EVALUATOR INITIALS	STATION #	EVALUATOR INITIALS	Skill Chosen			STATION #	EVALUATOR INITIALS
				<input type="checkbox"/> Airway <input type="checkbox"/> Bleeding	<input type="checkbox"/> Joint <input type="checkbox"/> Long Bone <input type="checkbox"/> Traction	<input type="checkbox"/> K.E.D. <input type="checkbox"/> Backboard		

PSYCHOMOTOR RETEST CANDIDATE OR AUTHORIZED SAME-DAY RETEST								
TRAUMA ASSESSMENT <input type="checkbox"/>		MEDICAL ASSESSMENT <input type="checkbox"/>		RANDOM BASIC SKILLS <input type="checkbox"/>				
STATION #	EVALUATOR INITIALS	STATION #	EVALUATOR INITIALS	Skill Chosen			STATION #	EVALUATOR INITIALS
				<input type="checkbox"/> Airway <input type="checkbox"/> Bleeding	<input type="checkbox"/> Joint <input type="checkbox"/> Long Bone <input type="checkbox"/> Traction	<input type="checkbox"/> K.E.D. <input type="checkbox"/> Backboard		

OEMS-BLSPETF

REV. 7/12



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